

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Dental Association Political Action Committee

ADDRESS (number and street) ▼

1111 14th Street, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20005-5627

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00000729

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Thomas F. Harrison

Signature of Treasurer

Dr. Thomas F. Harrison

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		567920.69
(b) Cash on Hand at Beginning of Reporting Period.....	567920.69	
(c) Total Receipts (from Line 19)	161104.59	161104.59
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	729025.28	729025.28
7. Total Disbursements (from Line 31)	101950.95	101950.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	627074.33	627074.33
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Dental Association Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y
 01 / 31 / 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

8805.00

8805.00

(ii) Unitemized

152253.18

152253.18

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

161058.18

161058.18

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

161058.18

161058.18

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

23.50

23.50

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

22.91

22.91

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

161104.59

161104.59

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

161104.59

161104.59

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	450.95	450.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	450.95	450.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	101500.00	101500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	101950.95	101950.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	101950.95	101950.95

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	161058.18	161058.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	161058.18	161058.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	450.95	450.95
37. Offsets to Operating Expenditures (from Line 15, page 3).....	23.50	23.50
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	427.45	427.45

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 23
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Alonzo M Bell

Mailing Address 3507 Malvern Ct

City

Alexandria

State

VA

Zip Code

22304-1852

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	06	/	2016

Transaction ID : A9637CD64E2104D549DB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr William J Bennett

Mailing Address 350 Colony Trl

City

Lanexa

State

VA

Zip Code

23089-6004

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	06	/	2016

Transaction ID : ABA3CA4B611D24B6F995

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Scott C Berman

Mailing Address 7420 Old Maple Sq

City

Mc Lean

State

VA

Zip Code

22102-2817

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	06	/	2016

Transaction ID : A5CA9C60318D04968A5E

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 23
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Joe Adam Best

Mailing Address 115 Caernarvon Rd

City
WalesState
WIZip Code
53183-9525FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	13	/	2016

Transaction ID : A02B8447E6098484E922

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Gregory Allan Cole

Mailing Address 7017 Old Jahnke Rd

City
RichmondState
VAZip Code
23225-4126FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	06	/	2016

Transaction ID : A338E0B0A9EC2455DBB7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Tom S Cooke IIIMailing Address 3129 Stony Point Rd
Apt DCity
RichmondState
VAZip Code
23235-2364FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	06	/	2016

Transaction ID : A6BA516E554F946EFB3C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Michael Kent De Luke

Mailing Address 823 Via Marchella

City

Schenectady

State

NY

Zip Code

12303-5149

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2016

Transaction ID : AB1530E62120B4268917

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Timothy B Durtsche

Mailing Address 411 16th St S

City

La Crosse

State

WI

Zip Code

54601-4922

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2016

Transaction ID : A0469ABFAE55548FE9A2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Douglas C Easker

Mailing Address 32 Valley Forge Dr

City

Lisbon

State

IA

Zip Code

52253-8544

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	06	/	2016

Transaction ID : A1F875DBD73884BB3A67

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 23
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr A Drew Ferguson

Mailing Address 117 Hillcrest Rd

City	State	Zip Code
West Point	GA	31833-6134

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2016

Transaction ID : A272494F72FB14469B64

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Reena R Gupta

Mailing Address 329 Wickham Glen Dr

City	State	Zip Code
Richmond	VA	23238-6161

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	06	/	2016

Transaction ID : AFB2A22EB7EFD49C1B9B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Paul Gene Hagemann

Mailing Address 400 Maple St

City	State	Zip Code
Hurley	WI	54534-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2016

Transaction ID : A629B5CF2151742E9AE8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 23

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Peter D Hehli

Mailing Address W7484 Lakeview Ct

City

Greenville

State

WI

Zip Code

54942-8691

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	13	/	2016

Transaction ID : A47C7D75A5F5F40C9B74

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Craig S Hollander

Mailing Address 1911 Kings Row Mnr

City

Saint Louis

State

MO

Zip Code

63146-6026

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	14	/	2016

Transaction ID : AE9B76B0BB5164B7E8BE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr John M Johnson

Mailing Address 32 Devonshire Dr

City

Waterford

State

CT

Zip Code

06385-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	06	/	2016

Transaction ID : ACDB7F25EBF2D4C33BA8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 23
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Mark I Kampfe

Mailing Address 6817 Dunsmore Rd

City	State	Zip Code
Rapid City	SD	57702-7014

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	09	/	2016

Transaction ID : A8003E5824E8D409B897

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr David J Kenyon

Mailing Address 3379 Whispering Pines Ln

City	State	Zip Code
Eau Claire	WI	54701-7180

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	13	/	2016

Transaction ID : A45DB2282AC774230B25

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Thomas E KielmaMailing Address 2901 W Kinnickinnic River Pkwy
Ste 104

City	State	Zip Code
Milwaukee	WI	53215-3660

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2016

Transaction ID : AED38BA21D55D436AB35

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 23

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Michael I Kokott

Mailing Address 5534 Grassland Trl

City
MiddletonState
WIZip Code
53562-5261FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	13	/	2016

Transaction ID : AE8A49F52FBF44B7FA5A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Martin J Koop

Mailing Address N8565 Holseth Rd

City
HolmenState
WIZip Code
54636-9233FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	04	/	2016

Transaction ID : AB7FCC0B3EB9145FDA65

Amount of Each Receipt this Period

305.00

Full Name (Last, First, Middle Initial)

C. Dr Lawrence Mark Kotler

Mailing Address 12822 Mount Royal Ln

City
FairfaxState
VAZip Code
22033-3624FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	06	/	2016

Transaction ID : A1E6D498FDF6341B5AFC

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

805.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 23
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Nancy Y Larson

Mailing Address 1373 W Windpointe Cir

City State Zip Code
 Mequon WI 53092-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 13 / 2016

Transaction ID : A4BC47A7B05B24E8B964

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Carlin C Lawhead

Mailing Address 519 Sunrise Cir

City State Zip Code
 Muscatine IA 52761-2716

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 15 / 2016

Transaction ID : A46C6B580B1DF4CC59C0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Edwin Lee

Mailing Address 12815 Navigators Ln

City State Zip Code
 Darnestown MD 20878-6116

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 06 / 2016

Transaction ID : AC40D849B80EF48C98D5

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 23

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Fernando J Meza

Mailing Address 1000 Congress Ln

City

Mc Lean

State

VA

Zip Code

22101-2116

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	1	6

Transaction ID : AECC8D05F851E4C21ABE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Scottie R Miller

Mailing Address 21132 Bermuda Dr

City

Abingdon

State

VA

Zip Code

24211-6172

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	1	6

Transaction ID : AA88E9BAB2DFD4137BB6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Al J Stenger

Mailing Address 3529 Salles Ridge Ct

City

Midlothian

State

VA

Zip Code

23113-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	1	6

Transaction ID : AA822F3B39B9642CF8A3

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 23

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Steven J Stoll

Mailing Address 1525 Rue Reynard St

City

Menasha

State

WI

Zip Code

54952-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2016

Transaction ID : A3730587814EB4558B4F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Paul A Vollmer

Mailing Address 550 Eben Ct

City

Stillwater

State

MN

Zip Code

55082-3725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maplewood Oral & Maxillofacial Surgery

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2016

Transaction ID : A9C03E2F919DC4BC48C6

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Gary S Wegman

Mailing Address 3528 Saint Lawrence Ave

City

Reading

State

PA

Zip Code

19606-2325

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 15 / 2016

Transaction ID : A36C9ADD9E0474C4695B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 23
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Edward J Welch

Mailing Address 32 Maynard Rd

City

Northampton

State

MA

Zip Code

01060-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer

self-employed

Occupation

Dentist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2016

Transaction ID : AED43D9595A5A40D7B04

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

8805.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Dental Association Political Action Committee

A. Citibank 1

Mailing Address 1500 Vermont Ave NW

City	State	Zip Code
Washington	DC	20005-3754

Purpose of Disbursement	
service charges/credit card fees	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : BFDF2554AB122416EAEF

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	45.95
25-34	38.21
35-44	12.17
45-54	3.21
55-64	1.17
65-74	0.21
75-84	0.21
85+	0.21

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

[illegible]

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by vertical supports. The top beam has several small rectangular protrusions along its length. The bottom beam has several small rectangular protrusions along its length. The vertical supports are represented by short vertical lines connecting the top and bottom beams.

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

450.95

450.95

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brady For Congress

Mailing Address PO Box 8277

City	State	Zip Code
The Woodlands	TX	77387

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Kevin P. BradyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		13		2016

Transaction ID : B67C552F023A545A184C

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Building Renewal In America Now PAC

Mailing Address

City	State	Zip Code

Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ▼ Other2016

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2016

Transaction ID : BCC280C67F58E45849DB

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Cong. Joe Barton Committee

Mailing Address PO Box 1444

City	State	Zip Code
Ennis	TX	75120

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Joe L. BartonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		13		2016

Transaction ID : B17D6FC9ADBD24583A17

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2016

Mailing Address 430 S. Capitol St., SE

City	State	Zip Code
Washington	DC	20003-4024

Purpose of Disbursement
Contribution to Party Committee

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify)		▼
	Other2016		

State: District:

Transaction ID : BF6C437053EB841F9AC2

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2016

Mailing Address 120 Maryland Avenue, NE

City	State	Zip Code
Washington	DC	20002-5610

Purpose of Disbursement
Contribution to Party Committee

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify)		▼
	Other2016		

State: District:

Transaction ID : BF3D791BFEFA8489F927

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. French Hill For Arkansas

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		13		2016

Mailing Address PO Box 7841

City	State	Zip Code
Little Rock	AR	72217

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. French HillCategory/
TypeOffice Sought:

<input checked="" type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		▼

State: AR District: 02

Transaction ID : BDEB0EE5D18AF48F0A98

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

32500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Dave Joyce

Mailing Address 320 Kenarden Drive

City	State	Zip Code
Cleveland	OH	44143

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Dave P. JoyceOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2016

Transaction ID : BF6B29CCD310A4E6BA4E

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Gene Green Campaign Committee

Mailing Address PO Box 16128

City	State	Zip Code
Houston	TX	77222

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Gene GreenOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2016

Transaction ID : B3583B72DD6A1452ABE1

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hurd For Congress

Mailing Address PO Box 656

City	State	Zip Code
Helotes	TX	78023

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Will HurdOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		13		2016

Transaction ID : B4BE95E6A269A4B6F8D4

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. McCaul for Congress

Mailing Address 1415 Westover Road

City Austin	State TX	Zip Code 78703
----------------	-------------	-------------------

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Michael T. McCaul

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	--

State: TX District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		13		2016

Transaction ID : BB28C55CB8CE7410B9A7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Committee

Mailing Address 320 First Street, SE

City Washington	State DC	Zip Code 20003-1838
--------------------	-------------	------------------------

Purpose of Disbursement
Contribution to Party Committee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
----------------	---	--

State: District: Other2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2016

Transaction ID : B1FC142175C744CFD889

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Mailing Address 425 Second St., NE

City Washington	State DC	Zip Code 20002-4914
--------------------	-------------	------------------------

Purpose of Disbursement
Contribution to Party Committee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
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State: District: Other2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2016

Transaction ID : B6F32B0431F974C0E9B0

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

31000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Gosar For Congress

Mailing Address PO Box 2967

City
PrescottState
AZZip Code
86302-2967Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Paul A. GosarOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2016

Transaction ID : B321E78A3895643D9ACA

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. PROTECTING AMERICA UNDER LAW POLITICAL ACTION COMMITTEE

Mailing Address 7650 S MCCLINTOCK DR STE 103-347

City
TEMPEState
AZZip Code
85284Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ▼ Other2016

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2016

Transaction ID : BD4FC22F4A8074AC9909

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Sawtooth PAC

Mailing Address 7849 Middy Lane

City
AlexandriaState
VAZip Code
22306-2723Purpose of Disbursement
Contribution to Federal Leadership PAC

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ▼ Other2016

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2016

Transaction ID : B89E564BFEF8840F1BC6

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Simpson For Congress

Mailing Address 1487 Parkway Drive

City Blackfoot	State ID	Zip Code 83221-1667
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Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Mike K. Simpson

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: ID District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	07	/	2016

Transaction ID : B6FA1A0D1E46B4BAAB72

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Texans For Lamar Smith

Mailing Address PO Box 6155

City San Antonio	State TX	Zip Code 78209
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Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name

Rep. Lamar S. Smith

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	19	/	2016

Transaction ID : BBC60B13E7E4040E2A4E

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7000.00

101500.00
